

# STATEMENT OF PROCEEDINGS FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, ROOM 739 LOS ANGELES, CALIFORNIA 90012

http://lachildrenscommission.org

Monday, August 3, 2015

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING (15-3744)

Attachments: AUDIO

Call to Order. (15-3631)

The meeting was called to order by Vice Chair Kamlager at 10:06 a.m.

Present: Commissioner Genevra Berger, Commissioner Maria Brenes,

Commissioner Candace Cooper, Commissioner Patricia Curry,

Commissioner Sunny Kang, Commissioner John Kim,

Commissioner Jacquelyn McCroskey, Commissioner Liz Seipel, Commissioner Wendy B. Smith and Vice Chair Sydney Kamlager

Excused: Commissioner Ann E. Franzen, Commissioner Wendy Garen,

Commissioner Adrienne Konigar-Macklin and Vice Chair Carol O.

Biondi participated via teleconference, but did not vote.

# I. ADMINISTRATIVE MATTERS

**1.** Introductions of the August 3, 2015 meeting attendees. (15-3632)

Self-introductions were made.

**2.** Approval of the August 3, 2015 meeting agenda. (15-3633)

On motion of Commissioner Smith, seconded by Commissioner Kang,(Commissioners Cooper, Franzen, Garen, Kim, Konigar-Macklin, and Vice Chair Biondi being absent), this item was approved.

**3.** Approval of the minutes from the meeting of July 20, 2015. (15-3634)

On motion of Commissioner Smith, seconded by Commissioner Berger, (Commissioners Franzen, Garen, Kim, Konigar-Macklin, and Vice Chair Biondi being absent), this item was approved.

Attachments: SEE SUPPORTING DOCUMENT

# **II. REPORTS**

**4.** Vice Chair's report for August 3, 2015. (15-3635)

Vice Chair Kamlager reported on the following:

- The Department of Children and Family Services would like to invite Commissioners to their Ribbon Cutting Ceremony and Walk Through of the state of the art DCFS University Training Site scheduled for Thursday, September 10, 2015, from 11:00 a.m. to 1:00 p.m. at the AT&T Center located at 1149 S. Hill Street, Los Angeles, CA 90015. Commissioners interested in attending, please RSVP with staff.
- Introduced and welcomed the new Executive Director Tamara Hunter.
- Commissioners were encouraged to attend the following workshops as a refresher:
  - New Commissioner Workshop scheduled for Thursday, September 24, 2015 at 1:00 p.m., in Room 372 of the Kenneth Hahn Hall of Administration.
  - Brown Act Workshop scheduled for Thursday, October 22, 2015 at
     1:00 p.m., in Room 374 A of the Kenneth Hahn Hall of Administration.

By Common Consent, there being no objection (Commissioners Franzen, Garen, Konigar Macklin, and Vice Chair Biondi being absent), the Commission accepted Vice Chair Kamlager's report.

**5.** Department of Children and Family Services Director's Report for August 3, 2015 by Philip Browning, Director. (15-3636)

Director Browning reported on the following:

 The Department of Children and Family Services (DCFS) is continuing to hire new Children's Social Workers (CSWs) and two new academy classes are currently underway. When compared with other jurisdictions, DCFS' attrition rate is found to be low; amounting to nearly ten percent. This low attrition rate has been attributed to a training program developed within the last four years that prepares new CSWs for the real life scenarios they will encounter while on the job. The new DCFS University Training Facility at the AT&T Center is a state of the art facility equipped with four simulation labs and classrooms to host ongoing trainings on the commercial sexual exploitation of children and sexual harassment.

- At the most recent National Urban Child Welfare Directors meeting held by the Annie E. Casey Foundation in Washington D.C., Director Browning noticed a significant number of new Child Welfare Directors appointed by way of newly elected Governors. Leadership changes remain a continuing issue for the Child Welfare community and have been destabilizing to some of the States. Marc Cherna, Director of Allegheny County Department of Human Services, has been with his organization for 19 years and is credited with leading a stable program when compared with other jurisdictions. Director Browning sees value in exploring how other jurisdictions both operate and manage the common problems faced by Child Welfare Agencies throughout the country. The State of Georgia reported a 30% staff turnover rate. Texas reported losing 1,800 staff members among the 2,800 hired over the last two years; amounting to a 64% attrition rate. There is a high cost associated with training new staff, especially in response to high attrition rates. Director Browning is pleased with the new staff experience at DCFS.
- Effective July 1, 2015, funding for 500 new positions has been added to DCFS' budget. DCFS is encouraging more staff to become mobile workers in response to the influx of new hires and a shortage of office space. DCFS is currently in conversations with the union to discuss best practices for mobile workers. Other jurisdictions have up to 40 percent of hotline staff working from home.
- In October 2015, DCFS staff will be moving into a new building in the San Fernando Valley. DCFS and the Los Angeles County Departments of Mental Health, Probation, and Public Social Services are determining which day of the week will be best for an opening ceremony of the new facility and are considering Saturday as an option.
- If passed, the Electronic Notification Legislative Bill authored by Robert S. Huff, California State Senate Republican Leader and the Electronic Information Filing Legislative Bill sponsored by Autumn Burke,

California State Assembly Member will have a positive effect on DCFS. The current process for terminating parental rights requires DCFS to post an ad in the classified section of the Los Angeles Times. Director Browning continues to informally survey the young, incoming DCFS employees to determine if they read the Los Angeles Times regularly. These results indicate that this method for terminating parental rights may be outdated, thus Director Browning asked Armand Montiel, DCFS Director of Public Affairs and Governmental/Legislative Relations, to examine legislation regarding the process of the notification of terminating parental rights.

In response to questions posed by the Commission, Director Browning indicated that:

 Currently, there are no monetary incentives offered for employees who become mobile workers. Other jurisdictions host hotline centers in other countries. DCFS would like to develop a robust hotline system, incapable of being hacked, so that they may have their hotline employees work from home

By Common Consent, there being no objection (Commissioners Franzen, Garen, Konigar Macklin, and Vice Chair Biondi being absent), the Commission accepted Director Browning's report.

# **III. PRESENTATIONS**

**6.** Follow-up discussion on the use of Psychotropic Medications for Children in the Foster Care and Probation Systems.

Edmund D. Edelman Children's Court:

Chief Presiding Judge Michael Levanas

Los Angeles County Department of Children and Family Services:

- Dr. Charles Sophy, Medical Director
- Lisa Sorensen, M.A. High Risk Youth Project Manager, High Risk Services Division, Bureau of Clinical Resources and Services

Los Angeles County Department of Mental Health:

- Dr. William Arroyo, Medical Director, Children's Systems of Care
- Dr. Christopher Thompson, Medical Director, Juvenile Halls

Los Angeles County Probation Department:

• Felicia Davis, Director of Residential Based Services- Placement, Child Welfare Unit (15-3643)

Dr. William Arroyo, Medical Director, Children's Systems of Care, Los Angeles County Department of Mental Health (DMH) introduced Dr. Gregory Lecklitner, Mental Health Program Manager III, DMH, to address the seven questions related to psychosocial services and non-pharmalogical clinical interventions raised by the Commission since their April 20, 2015 regular meeting presentation.

Dr. Lecklitner presented the attached DMH Report on Psychosocial Interventions for Youth in Foster Care and commented as follows:

- The data found in this report was extracted from Fiscal Year 2013 2014, and reflects the most complete sample available to date.
- Services that children receive from third parties such as Kaiser Permanente, LA Care, and Health Plans from the State are not included. Groups that fall under this category include the following:
  - Youth with open DCFS cases.
  - Youth in the Emergency Room (ER)
  - Medicaid eligible youth, or youth that meet the Medi-Cal threshold.

(It is important to note that Katie A. class members meet all of these conditions.)

 The data is divided into programs based on intensive services and evidence based practices and is derived from DMH's Avatar Program which is unable to extract data based on medication type.

With regard to Page 3 of the Report, Dr. Arroyo commented as follows:

The data reflects a funding stream as part of the Mental Health Services
Act on prevention and early intervention. Although evidence based
practices may be identified, they are not tracked through its claiming
process, thus these data sets are going to reflect an undercount.
Another limitation of the data can be found when children receive
multiple services as part of more than one program; DMH's current
system is unable to count individuals in all of the programs separately,
causing duplication.

In response to questions posed by the Commission, the Panel responded as follows:

- Clinic-based outcomes reflect little to no incidence of receiving medication.
- Los Angeles County's foster care youth population totals 50,000-60,000 in Fiscal Year 2015-2016. This Report pulls from a sample size of 30,000 youth in foster care.
- With regard to Page 5, Graph No. 3, few children have a psychotic diagnosis; the majority of this population are diagnosed with mood and behavior and/or anxiety disorders.
- DCFS reviews in patient hospitalizations in correspondence with DMH.
  Roughly 150 foster children are currently hospitalized in psychiatric
  hospitals. This includes children with open court cases, referrals, or
  voluntary cases. The length of stay in a psychiatric hospital varies on a
  case by case basis; however, the average estimation ranges from six
  and a half to eight days.
- In response to the comment on in-patient psychiatric hospitalizations, Dr. Charles Sophy, Medical Director, DCFS, responded by stating that DCFS primarily deals with psychiatric hospitals and pulls DMH in as needed. The level of skill in addressing the challenging behaviors of the youth is low. Often times, the hospitals want to switch the children to a Developmental Disability Mental Illness (DDMI) placement, which is a more intensive placement at the psychiatric hospital.
- Lisa Sorensen, M.A., High Risk Youth Project Manager, High Risk Services Division, Bureau of Clinical Resources and Services, DCFS, reported a \$38,000 monthly cost paid to contract providers for administering DDMI psychiatric hospital services.
- Adjustment disorder by definition includes conditions due to unique events in a child's life that may have resulted in continuing emotional distress. Diagnoses are made by licensed mental health professionals such as social workers or marriage and family therapists.
- Chief Presiding Judge Michael Levanas added that the system completely fails in dealing with and providing treatment for children with significant mental health problems.
- Children in the zero to five age group typically do not exhibit behaviors that qualify them to be diagnosed with severe mental health problems.

- In response to a question regarding cultural competence of service providers, Dr. Lecklitner stated that DMH and the University of California Los Angeles conducted a study on racial-disproportionality. Data from this study is provided by the clients and not on the providers end. It is difficult to recruit professionals who match or understand the cultural background of their clientele base. The County of Los Angeles offers monetary incentives for employees that speak a different language.
- Access to aggregate data involving off label use of anti-psychotic medication can only be obtained by way of hand count.
- Ms. Sorensen stated that all children with an open DCFS case receive a
  mental health screening conducted by the CSW; individuals who test
  positive are referred to DMH, who in turn conducts another assessment.
  The CSW uses a screening tool and DMH staff members are co-located
  with DCFS staff subject to a duty rotation schedule. DCFS staff members
  are trained to contact DMH's Psychiatric Mobile Response Team for
  emergent situations.
- DMH is working with the Chief Executive Office to incentivize recruitment of staff in the Antelope Valley region, where there is a great service need.
- DMH attends quarterly meetings and sends data reports to the Katie A. Panel; additionally assessments of DMH's capacity of service is reported to the Board of Supervisors three times a year.

By Common Consent, there being no objection (Commissioners Franzen, Garen, Konigar-Macklin, and Vice Chair Biondi being absent), the Commission accepted the Panel's follow-up discussion on the use of Psychotropic Medications for Children in the Foster Care and Probation Systems.

Attachments: SEE SUPPORTING DOCUMENT

**7.** Presentation on Mental Health Services for Children in the Foster Care System with Open Cases.

Los Angeles County Department of Mental Health:

- Dr. William Arroyo, Medical Director, Children's Systems of Care
- Gregory Lecklitner, Mental Health Program Manager III
- Dr. Christopher Thompson, Medical Director, Juvenile Halls (15-3655)

This item was addressed in Agenda Item No. 6.

- **8.** Presentation by the Department of Children and Family Services on Assembly Bill 403: Continuum of Care Reform.
  - Bill Thomas, Adoptions Division Chief
  - Sari Grant, Resource Family Recruitment Manager
  - Karen Richardson, Out-of-Home Care Division Chief
  - Armand Montiel, Director of Public Affairs and Governmental/Legislative Relations (15-3654)

Armand Montiel, Director of Public Affairs and Governmental/Legislative Relations, DCFS, reported on the following:

- Assembly Bill 403 (AB 403) was introduced out of Santa Cruz County by Assembly Member Mark Stone of the 29th Assembly District and is sponsored by the California Department of Social Services (CDSS). AB 403 will begin a new phase of out of home care for youth; characterized by a shift from the long term care found in group homes to a short term treatment model. One major component of AB 403 will seek to re define group homes as Short Term Residential Treatment Centers (STRTC) and would limit stays in STRTCs to 120 days. Options for extensions would exist on a case-by-case basis; however, would be contingent upon approval from the Deputy Director or Child Welfare Head in each County. Another major component involves unifying the dual licensing process into a single process by way of the Resource Family License. Currently, foster homes need to apply for both a foster care license and an adoptive placement license in order to be dually certified.
- AB 403 supports a "first placement / best placement" model; as its intent is for children to be assessed through child and family teams and placed at a STRTC from the start. This process would lead to quicker and more successful placements into family settings, foster home settings, or back to their biological families when compared with current models.
- AB 403 is scheduled for a hearing before the State Senate
   Appropriations Committee on August 17, 2015. It is expected that AB
   403 will pass through this Committee and the Senate and progress to
   the Governor for his signature of approval. AB 403 is supported by
   CDSS, the California Alliance of Children and Family Services, the
   California State Association of Counties, the County Behavioral Health
   Directors Association, the County Welfare Directors Association,

Yolo County, and the Youth Law Center. Currently, Beta Foster Care and the Orange County Board of Supervisors are the only two opponents of AB 403 on record.

Under AB 403, group homes will be required to have Mental Health
Certification and National Accreditation. Currently among Los Angeles
County's 54 contract agencies, 18 have a mental health contract, which
is interpreted as having both the Mental Health Certification and National
Accreditation. If passed, the remaining two thirds of Los Angeles
County's contract agencies would need to obtain these certifications by
AB 403's suggested implementation date of January 1, 2017.

In response to a question posed, Lara Holtzman, Esq., Managing Attorney, Alliance for Children's Rights responded as follows:

 The purpose of AB 403 is to avoid group congregate care. Currently, there are pilot programs operating Resource Family Models in five different Counties State wide, with the goal that all of California will transition to this Resource Family Model by 2017.

# Mr. Montiel added the following:

- The five pilot programs are aimed at establishing the unified licensure model, but not the "first placement / best placement" model. Mr. Montiel interprets the focus of AB 403 to not necessarily avoid group home care, but instead focus on providing more mental health services into the STRTCs in order to stabilize the children in care and find quicker placements into the non-congregate care alternatives.
- Vice Chair Kamlager reported a 9.6 million allotment for AB 403.
- Commissioner McCroskey agreed with Mr. Montiel that AB 403 advances California's long standing goal to move away from long term group home care.

Bill Thomas, Adoptions Division Chief, DCFS, reported the following:

 The resource family approvals aspect of the Continuum of Care Reform is derived from Senate Bill 1013, which is a new approval process that places relatives, non-related extended family members, foster parents, guardians, and adoptive parents, at the same level of assessment. Once assessed and approved, individuals are eligible to become foster parents and/or adoptive parents to other children as well.

- Under the resource family approval process, applications are required to be completed within 90 days and will be streamlined in two ways. Currently, two applications for prospective foster parents exist; one for community care licensing and one for the placement approval assessment conducted by DCFS. The home environment and permanency assessment for families will be combined into a single application and one background check, as opposed to the two conducted for individuals applying to be foster and adoptive parents. Relatives will be required to complete a minimum of 12 hours of service training and will undergo continuing education training on an annual basis. Prior to approval, relatives will still retain the ability to have relative children with difficult behaviors placed on an emergent basis.
- Under the Continuum of Care Reform, Counties are tasked with determining staff qualification criteria for conducting adoption and permanency assessments. DCFS requires a Masters in Social Work for CSWs completing adoption assessments. CSWs completing permanency assessments will require varying degrees of experience and education.
- Listed below are Counties that commenced the Resource Family approval process pilots as follows:
  - San Luis Obispo County in November 2013
  - Kings County in January 2014
  - Santa Barbara County in March of 2014
  - Santa Clara County in July of 2014
  - San Francisco County in August of 2014
- DCFS representatives attended a convening to gain insight on the types
  of problems the Pilot Counties are experiencing. It was learned that
  approvals not completed within 90 days, have an adverse effect on
  funding. FFAs receive funding through the private adoption agency
  reimbursement programs. If a relative is not approved from the
  beginning of this process, the FFA will not receive funding until an
  actual adoption happens. Some FFAs do not grant approvals because
  not all placements become adoptions. This issue needs to be dealt with
  at the State level.
- The Foster Family Agencies (FFAs) for all Counties Statewide are to be onboard with the Resource Family Approval process and begin implementation by January 1, 2017.

- The licensing process for foster parents will now be known as approvals and will be handled at the County level.
- Although the CDSS' Community Care Licensing Division (CCL) will still
  inspect higher-level Residential Care facilities, the County of Los
  Angeles will now be tasked with assessing the lower level
  establishments within its jurisdiction. Counties will still be in
  communication with CCL at the State level; this practice is typical of the
  smaller Counties in Northern California.

In response to questions posed by the Commission, Mr. Thomas responded as follows:

• Knowing that an adoptive parent traditionally has more requirements than that of a foster parent, operating under the new Resource Family Approval process will be challenging to manage. When AB 403 is enacted, responding to the influx of children stepping down from Group Home Care will require more placement options. DCFS wants to maintain the integrity of the inspection and approval process while still ensuring more options for placement. Responding to AB 403 will require an increase in the foster parent population.

Sari Grant, Resource Family Recruitment Manager, DCFS, reported the following:

Assembly Bill 1133 allows for medical professionals, who become
caregivers for children with special medical needs, to receive foster care
payments and bill for medical expenses. DCFS is looking to introduce
legislation that will allow a certain number of licensed professionals
(such as nurses and behavioral specialists who can bill Medi-CAL based
on their education) to be professional parents for children with defined
levels of mental health needs. Currently, Small Family Homes and
Therapeutic Foster Homes are hard to recruit; and DCFS is analyzing the
barriers involved with this specific type of recruitment.

In response to questions posed by the Commission, the DCFS Panel responded as follows:

 Approximately 1,100 children are currently in congregate care. DMH will be involved with the new contract agencies, as there is a mental health component that needs to be reviewed stringently.  AB 403 legislation does not provide specific details about the extensions; whether there is a time limitation; or a frequency limitation.

Susan Abrams, Esq., Interim Policy Director, Children's Law Center CLC responded as follows:

 The step down from congregate care will require the need to find placement for 1,100 children with serious emotional disturbances. The legislature dedicated 15 million dollars to recruit placements for this population.

Dr. William Arroyo, Medical Director, Children's Systems of Care, DMH, responded as follows:

• Although the mental health community does support this in principal, a number of concerns have been raised and they are currently in intensive conversations with CDSS pertaining to the medical certification of all the new sites. According to AB 403, these new sites would be capable of providing mental health services. By way of history, AB 403 was developed without the input of DHCS and within the past few months, the mental health community has been working closely to plan the necessary amendments that are available for these children.

**Director Browning responded as follows:** 

 Many details are yet to be worked out when moving toward a model of less restrictive care. It will be difficult to find placements for all the children in congregate care by 2017; recruiting the appropriate amount of treatment foster homes to match Los Angeles County's current need will be key.

By Common Consent, there being no objection (Commissioners Franzen, Garen, Konigar Macklin, and Vice Chair Biondi being absent), the Commission accepted DCFS' presentation.

# **IV. MISCELLANEOUS**

# **Matters Not Posted**

9. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (15-3637)

There were none.

# **Public Comment**

**10.** Opportunity for members of the public to address the Commission on item(s) of interest that are within the jurisdiction of the Commission. (15-3638)

Ms. Antoinette Dozier, Senior Attorney with Western Center on Law and Poverty, addressed the Commission on the following:

- Western Law Center on Law and Poverty has yet to take an official position on Assembly Bill 403 (AB 403), however is actively following this bill closely. The intention of AB 403 is to move away from congregate care for most children; and the problematic piece in popular discussion is the idea of a residential treatment care model for children with serious emotional disturbances. The majority of these children –if not all– would fall under Katie A. class members and sub-class members. The intention of Katie A. is for these members to be treated in the community.
- Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) are alternatives to group homes. With an assessment, and 24 hours a day, seven days a week intensive treatment, a child would not need to enter group care in order to receive the necessary mental health services to remain in the community.

Ms. Dozier encouraged the commission to further explore this issue, under the guiding questions as follows:

- What specifically can be done in a group home that cannot be done by foster parents or therapeutic foster care parents with the support of an ICC and IHBS team operating in full time support for the kin?
- Regarding the ramification of Los Angeles County's Katie A. implementation, what message will be sent to staff providers and the community through the adoption of AB 403?

Adopting AB 403 seems out of line with what the County of Los Angeles
is aiming to do with its Katie A. settlement locally, and the County of Los
Angeles's interest may be different from other jurisdictions without a
class action settlement.

Vice Chair Kamlager recommended that the Commission track AB 403; and if passed, possibly host a discussion about the Commission's stance on AB 403 and establish if a letter should be drafted and sent to the Board of Supervisors.

# **Announcements**

**11.** Announcements for the meeting of August 3, 2015. (15-3640)

There were none.

# <u>Adjournment</u>

**12.** Adjournment for the meeting of August 3, 2015. (15-3641)

The meeting adjourned at 12:04 p.m.